



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

HOME AND COMMUNITY BASED WAIVER Policy Manual

Section: ADMINISTRATIVE REQUIREMENTS

➤ Subject: Quality Assurance Process (QAR)

References 42 CFR 441.302, ARM 37.40.1420, and ARM 37.40.1406

FEDERAL ASSURANCE

The Community Services Bureau (CSB) of the Department of Public Health and Human Services (DPHHS) conduct comprehensive evaluations of Case Management Teams (CMTs) to assure the Bureau and Federal quality assurance requirements at 42 CFR 441.302 for the 1915(b) and (c) waiver are met. The date of the Quality Assurance Review (QAR) is coordinated between the Case Management Team (CMT) and the CSB Program Manager and may occur any time the Department believes a review is warranted to improve services.

Department staff will also perform announced quality assurance reviews not to exceed three state fiscal year intervals. Quality assurance results are utilized to continuously improve Home and Community Based Service (HCBS) programs and services, to ensure that CMT's are meeting their contractual obligations with the Department.

Each CMT must allow CSB representatives access to Case Management staff and member's records during these reviews. Data obtained from the quality assurance process provides necessary data for CSB to provide accurate information to Centers for Medicaid and Medicare Services (CMS). The QAR is divided into two components:

1. Centers for Medicare and Medicaid Services QAR: A quarterly report (Internal Chart Audits, CMS Report Cards and Utilization Reports) completed by the CMT which include evidence of the team's compliance with federal assurances and remediation efforts when necessary. This is a quality assurance process where the CMT provides evidence of compliance with contractual agreements and a designated employee of CSB conducts on-site and desk audits of HCBS for each CMT.

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2. Quality Improvement Project (QIP) where Regional Program Officers (RPOs) collaborate with the CMT no less than quarterly to ensure quality services are provided to members in accordance with Medicaid policies.

PERFORMANCE MEASURES

1. Health and Welfare—Each CMT reports serious incidents of potential abuse, neglect and/or exploitation with Serious Occurrence Reports (SORs). Each CMT will use the data to prevent future incidents through prevention, reporting/resolution and overall monitoring of each members health and safety.
2. Financial Accountability-- the State assures financial accountability for funds expended for HCBS by evaluating CMT data against state and federal requirements concerning payments and federal financial participation.
 - a. The CMT expenditures must not exceed their authorized budget.
 - b. The HCBS will track utilization and expenditures using the CMT monthly utilization reports to ensure services are provided within authorized parameters.
 - c. Xerox Prior Authorizations (PA) must match the cost sheet. Authorization is in dollar amounts when required.
 - d. Prior Authorization must be approved or denied by RPO.
 - e. The Adult Residential Calculation must be completed accurately.
 - f. The Certification/Decertification of State Supplement must be completed accurately.
 - g. The HCBS authorized services for incurrence (SLTC 131) is completed appropriately and submitted to the Office of

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Public Assistance (OPA).

- h. The Cost Sheet (SLTC 134) must be present and correspond to the services and units on the Service Plan.
- i. Service Plan amendments (SLTC 141) must be present with corresponding Xerox PA and referrals as necessary and required by policy.
- j. The HCSB staff will determine what code(s) from the fee schedule shall be examined during each QAR.
- k. As HCBS is the payer of last resort for purchases, a denial from other programs such as State Plan and Medicaid Transportation must be available upon request.
- l. Handling fees are not an allowable charge.
- m. Claims are queried based on the code selected for the QAR.
- n. Sampled members' names selected for 30 day review (must be within the same time frame as the QAR).
- o. Once a member has been selected for review, 50% of the member's claims during the specified QAR will be reviewed. (Invoices and paid claims will be reconciled). Claim documents will be provided to HCBS for review and comparison.
- p. Prior Authorizations (PA's) will be cross referenced to expenditures. The RPO and CMT must collaborate in comparing the service plan to expenditures.
- q. Providers must submit utilization reports monthly to the CMT. After CMT review of

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this report, the CMT will submit the monthly utilization reports to HCBS for budgeting purposes.

- r. Recoveries deemed necessary must comply with DPHHS policy.
 - s. The Audit and Compliance Bureau will conduct financial audits upon request of the CSB.
3. Evaluation of Need (Level of Care) - Mountain Pacific Quality Health (MPQH) will provide the level of care screen for each prospective waiver member. Mountain Pacific Quality Health provides reports in accordance with contractual agreements and federal assurances.
 4. Cost-neutrality (Financial oversight)- Based on the Service Plan and utilization reports, the cost of the member living in a community setting must not consistently exceed the cost of institutional care.
 5. Reporting (data collection plan designed by CMS) – Data collected from QARs will be utilized to prepare and respond to legislative requests, public requests for information, federal reports, and internal reports.
 6. The Service Plan must be written in accordance with HCBS 809 (1-3).

QUALITY IMPROVEMENT PROJECTS

Quality Improvement Projects (QIPs) must meet Federal Waiver Assurances as part of the existing quarterly chart audit process. Each CMT will work with the assigned RPO to identify one topic per quarter of the fiscal year to track and trend. The CMT will collaborate with the RPO in developing, implementing and monitoring progress on the goal. The CMT may use the method described below or select an internal business method used by a CMT that includes goals and objectives. One compliance method for QIP is the implementation of the SMART goal process based on findings from the internal chart audit. A SMART goal includes:

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1. Identification of a specific goal to achieve.
2. Include criteria in the goal that is measurable.
3. Action specific and attainable/achievable.
4. Relevant to the member and/or the program.
5. Timeframe for achieving the goal and/or objective.

The topic identified must be specific, measurable and relevant to the quality and/or policy implementation of HCBS services provided members.

Examples of topics to track and trend:

1. Policy carried out,
2. transportation paid for by appropriate source,
3. medical escort Specially Trained Attendant's,
4. bid process,
5. pass through,
6. accuracy of codes on service plans and amendments,
7. Personal Emergency Response Systems,
8. gym membership utilization,
9. Quality Assurance Management System (QAMS) clean up,
10. professional documentation in CaseWave, or
11. member satisfaction.

TIMELINE:

The following timeline describes the actions required during each quarter.

1. Quarter One
 - a. January—Identify the issue and collect baseline

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information. The CMT will notify the RPO of the issue selected for review, and include baseline data to support the rationale for working on the issue. The RPO will be aware of the trends/tracking the CMT is working on at all times.

- b. February—Write a goal that includes a measurable percent of movement towards the goal as well as an anticipated deadline to achieve the goal. At minimum, one objective will be written as evidence of the CMT's efforts to plan positive movement towards the goal.
- c. March—Implement/complete the objective(s).
- d. April---The CMT will review the results of the quarter and determine whether to continue with the goal or select a new goal. The outcome of the quarter will be reported to the RPO in writing.

2. Quarter Two

- a. April—Identify the issue collect baseline information. The CMT will notify the RPO of the issue selected for review, and include baseline data to support the rationale for working on the issue. The RPO will be aware of the trends/tracking the CMT is working on at all times.
- b. May—Write a goal that includes a measurable percent of movement towards the goal as well as an anticipated deadline to achieve the goal. At minimum, one objective will be written as evidence of the CMT's efforts to plan positive movement towards the goal.
- c. June—Implement/complete the objective(s).
- d. July--- The CMT will review the results of the quarter and determine whether to continue with the goal or select a new goal. The outcome of the quarter will be reported to the RPO in writing.

3. Quarter Three

- a. July--Identify the issue collect baseline information. The CMT will notify the RPO of the issue selected for review, and include baseline data to support the rationale for working on the issue. The RPO will be aware of the

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trends/tracking the CMT is working on at all times.

- b. August—Write a goal that includes a measurable percent of movement towards the goal as well as an anticipated deadline to achieve the goal. At minimum one objective will be written as evidence of the CMT's efforts to plan positive movement towards the goal.
- c. September—Implement/complete the objective(s).
- d. October---The CMT will review the results of the quarter and determine whether to continue with the goal or select a new goal. The outcome of the quarter will be reported to the RPO in writing.

4. Quarter Four

- a. October--Identify the issue and collect baseline information. The CMT will notify the RPO of the issue selected for review and include baseline data to support the rationale for working on the issue. The RPO will be aware of the trends/tracking the CMT is working on at all times.
- b. November—Write a goal that includes a measurable percent of movement towards the goal as well as an anticipated deadline to achieve the goal. At minimum, one objective will be written as evidence of the CMT's efforts to plan positive movement towards the goal.
- c. December—Implement/complete the objective(s).
- d. January---The CMT will review the results of the quarter and determine whether to continue with the goal or select a new goal. The outcome of the quarter will be reported to the RPO in writing.

EXAMPLE:

Issue: Completed psychosocial summaries were not in accordance with HCBS 899-17.

Baseline: During an internal chart audit, we discovered that our CM's were updating the psychosocial summaries at different intervals, and using different update methods in CaseWave. One hundred percent of the members have a psychosocial summary completed upon

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admission to waiver. Twenty percent of the subsequent psychosocial summaries were in compliance with HCBS 899-17.

SMART Goal: Increase the number of members who have accurately completed psychosocial summaries by 10% by (date).

Objective:

1. Each CM will review HCBS 899-17 by (date).
2. The CM supervisor will train each CM on HCBS 899-17 by (date).
3. Each CM will evaluate the compliance with HCBS 899-17 for each member of their case load by (date).
4. Each CM will correct inaccurate psychosocial summaries within 30 days (date).
5. The supervisor for CM's will complete a random sample chart audit of 20% of each CM's case load for psychosocial summary compliance with HCBS 899-17 by (date).
6. Necessary remediation will be completed by (date).
7. Re-evaluation: A ____% of member's psychosocial summaries remained out of compliance with HCBS 899-17. Continue with goal into next quarter.

If the goal is not achieved, the CMT may continue to work on the same goal during the next quarter as the CMT determines appropriate. A CMT must change goals at least 1 time per calendar year. Adjustments to the goals and objective should be made as the process evolves.

The CMT will maintain documentation of the issue selected for review, corrective actions, and identify who is responsible for the changes. Documentation must be available to the Program Manager conducting the QAR as requested.